

PATENT

Attorney's Docket No. 1021-01

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: *(check one applicable item below)*☐ original☐ design☐ supplemental☐ divisional☐ continuation☒ continuation-in-part (CIP)**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION**POLYVINYLCHLORIDE PRODUCTS****SPECIFICATION IDENTIFICATION**the specification of which: *(complete (a), (b) or (c))*(a) ☒ is attached hereto.(b) ☐ was filed on as ☐ Serial No. 0/____ or ☐ Express Mail No.,
as Serial No. 0/____ and was amended on _____ *(if applicable).***ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

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DECLARATION

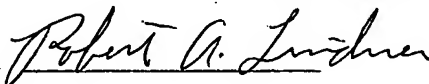
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: ROBERT A. LINDNER

(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY (OR LAST) NAME)

Inventor's signature



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THE DECLARATION ENDS WITH THIS PAGE.